

## **Intrinsic-Extrinsic Religious Orientation and Depression: A Correlational Study**

**Saba Yasein**

Islamia University Raheemyar Khan Campus

**and**

**\*Fazeela Moghal**

Institute of Clinical Psychology, University of Karachi

The aim of present study is to determine the relationship of religious orientation and depression in adults. In this correlational study after detailed literature review it was hypothesized that i) there would be a negative correlation between intrinsic religiousness and depression, ii) there would be a positive correlation between extrinsic religiousness and depression. A sample of 100 students (40 males & 46 females) was collected from different universities situated in Karachi. Their age range was from 18 to 24 years. They were required to fill the demographic form. To measure the variables of religiosity and depression in adults Religious Motivation Scale (Gorsuch, & McPherson, 1989) and Goldberg Depression Scale (Goldberg, 1993) were administered. To assess the relationship between religiosity and depression in adults Pearson Product Moment Coefficient of Correlation was calculated. Obtained results showed no significant relationship between intrinsic-extrinsic religious orientation and depression in students. Obtained results showed no significant relationship between religious motivation and depression; however, this study provides basis for future studies to explore the role of other dimensions of religiosity in depression.

*Keywords:* Intrinsic-extrinsic religious orientation, depression

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\*Correspondence concerning this article should be addressed to Fazeela Moghal, Institute of Clinical Psychology, University of Karachi, Karachi, Pakistan. Email: fazeelamoghal@gmail.com

Religion is the foundation of human beings. Religious beliefs and practices provide the basis for any society or culture (Donhue, 1985). Religion is a way of life and provides a whole belief system that guides an individual's life in every area. However, motives behind individuals' religiosity may be different as one person may worship for joy and personal growth while another person may be religious for social acceptability (Gorsuch, Mylvaganam, Gorsuch, & Johnson, 1997). Allport and Ross (1967) proposed two religious orientations named as intrinsic and extrinsic religiosity. Lives of people who are intrinsically religious are solely directed by religion whereas extrinsically religious people are motivated for comfort and social status (Allport & Ross, 1967). On the basis of these definitions of intrinsic and extrinsic religious orientation, the motivation and effect of religiosity could be different in human beings. For instance, intrinsic religious orientation decreases depression, anxiety and suicidal ideation (Janbozorgi, 2008; Aghili, & Aliniya, 2012). Whereas extrinsic religious orientation is found to be positively correlated with depression (Maltby, & Day, 2000). On the other hand, studies found negative or significantly weak relation of intrinsic and extrinsic religiosity with depression (Watson et al., 2002).

Religion functions as a ray of hope in despair and adversities of life. Life can be enormously painful when basic needs are unmet. These deprivations can actually reinforce cognitive biases that ultimately lead to pessimism and depression in people. Particularly in Pakistan, which is listed in developing countries, social, political and economic instability is very high. Lawlessness, terrorism, security and safety issues are directly and indirectly affecting older and younger people alike. All these and other factors are increasing the risk of depression and other psychiatric illnesses. Through systematic review, Mirza and Jenkins (2004) found 34% prevalence of depressive disorders and anxiety in Pakistan. Husain, Creed and Tomenson (2000) concluded that depressive disorders might be higher in Pakistan than other developing countries due to social adversity. These increasing figures and current scenario of Pakistan raise the need to

cultivate various resources which can help to establish, strengthen and facilitate the behavior that ensure security and inner peace. Empirical studies showed religion as an important resource that protects from negative impacts of distress and its outcomes. Religiousness and psychology is intertwined with each other, and a large proportion of published empirical data suggest that religious commitment shows positive associations with better mental and physical health outcomes (e.g. D'Souza,2002; Exline, Yali, & Sanderson, 2000; Krause, 2003; Moreira-Almeida, Neto, & Koenig, 2006; Stack, & Kposowa, 2011; Tarakeshwar, Stanton, & Pargament, 2003).

Studies indicated association of extrinsic religious orientation with psychological disorder such as depression (Watson, Morris, & Hood, 1988; Watson, Morris & Hood, 1989; Watson et al., 2002). A study conducted by Park, Murgatroyd, Raynock, and Spiliet (1998) found that intrinsic religious orientation is negatively correlated with depressive symptoms whereas extrinsic religious orientation is positively correlated with depressive symptoms. Another study showed that extrinsic religious orientation is related with higher level of depressive symptoms. While lower level of intrinsic religious orientation is linked with optimism, self-esteem and problem-focused and support seeking coping (Maltby & Day, 2000).

Many studies have been conducted to investigate the association between depression and religiosity. However religious orientation or religious motivation is relatively a new dimension of religiosity. Investigating its implication in depression is of paramount importance. The purpose of this study is to investigate the relationship of religious orientation including intrinsic and extrinsic orientation with depression in students.

## **Method**

### **Sample**

A sample of 86 University adults, including 40 males and 46 females selected from different universities situated in different

areas of Karachi. Their age range was from 18 to 24 years with the mean age of 19.1. Participants voluntarily took part in the study.

### **Measures**

Three questionnaires were handed out to each participant. The questionnaires included a demographic questionnaire, the Perceived Religious Motivational Scale, and Goldberg Depression Scale which were used to measure the participants' levels of religiosity and depression, respectively.

**Demographic Questionnaire.** The demographic questionnaire was used to collect information including participant's age, gender, education, religion, and ethnicity.

**Religious Motivation Scale.** Revised version of Age Universal I-E scale (Gorsuch, & McPherson, 1989; Gorsuch & Venable, 1983) was used in this study. It is a 5 point Likert scale ranging from strongly agree to strongly disagree. The higher score indicates higher religious orientation in the specific category i.e. intrinsic or extrinsic.

**Goldberg Depression Scale.** The Goldberg Depression Scale (Goldberg, 1993) is self-rating scale and consists of 18 items. It is rated on 5-point likert scale. Total score can range from 0 to 90; indicating absence of depression to severe depression. Severity of depression is indicated by 0 to 5 (i.e. Not at all to very much).

### **Procedure**

This is a correlational study that examined the relationship between religiosity and depression. The researchers obtained written approval of data collection from the Head of Departments of universities and verbal approval from participants. All of the participants were tested in classroom settings. The teacher introduced the researchers to the students who were briefed about the purpose of research and assured confidentiality. After obtaining consent, the participants were given the questionnaires. The participants were asked to provide demographic information, and then fill out both the Religious Motivation Scale Revised (Gorsuch

& McPherson, 1989), and Goldberg Depression Scale (Goldberg, 1993). Participants were allowed as much time as they needed to complete the questionnaire. Once all the participants completed the scales, the researchers debriefed them, answered their queries and thanked them for participating in the study.

### **Operational Definitions of Key Terms**

#### ***Religiosity***

Religiosity in this study was defined as “motivation for being religious that may include being intrinsically motivated for worship and other religious activities (Intrinsic Motivation), motivated for religion to gain personal peace and comfort (Extrinsic personal), motivated for being religious to gain social approval and acceptance (Extrinsic Social) and motivated for religion to gain moral guidance for behaviors (Extrinsic Morality)” (Gorsuch, Mylvaganam & Gorsuch, 1997).

#### ***Depression***

Depression was defined as mood state characterized by lowered self-esteem, lack of interest in usual activities, weight loss or gain, insomnia or hypersomnia, psychomotor agitation or retardation, fatigue, diminished ability to think or concentrate, indecisiveness, and suicidal ideation or attempt (American Psychological Association, 2000).

### **Results**

This section describes the results of the present study in the light of statistical analysis comprised of descriptive statistics analysis and correlational analysis.

**Table 1**  
*Percentage of Male and Female Participants*

Variables	<i>n</i>	%
Male	40	47.1
Female	45	52.9

**Table 2***Mean and Standard Deviation of Scores of Study Variables*

Variables	<i>M</i>	<i>SD</i>
I	52.8	6.4
ES	19.1	7.4
EP	37.7	6.8
EM	30.3	3.9
D	17.3	10.5

*Note:* I= Intrinsic Religious Orientation; ES= Extrinsic Social; EP= Extrinsic Personal; EM=Extrinsic Morality; D= Depression

The above-mentioned table shows the mean and standard deviations of the study variables.

**Table 3***Pearson Product Moment Coefficients of Correlation between Religious Orientation and Depression*

Variables	<i>r</i>	<i>Sig</i>
I	.09	.37
ES	.12	.24
EP	.13	.21
EM	.07	.51

*Note:* I= Intrinsic religious orientation; ES= Extrinsic Social; EP= Extrinsic Personal; EM=Extrinsic Morality;

The above mentioned table shows the relationship between religious orientation and its facets with depression.

**Additional Findings****Table 4**

*Difference between Mean Scores of Males and Females on the Variables of Depression, Intrinsic Religious Orientation, Extrinsic Social, Extrinsic Personal, and Extrinsic Morality*

	Gender	<i>n</i>	<i>M</i>	<i>SD</i>	<i>t</i>	<i>df</i>	<i>Sig</i>
D	Males	40	17.97	10.72	.54	83	.59
	Females	45	16.73	10.44			
I	Males	40	35.77	4.71	-.10	83	.91
	Females	45	35.88	5.27			
ES	Males	40	21.75	7.70	3.27	83	.05
	Females	45	16.77	6.28			
EP	Males	40	36.65	6.21	-1.36	83	.17
	Females	45	38.64	7.14			
EM	Males	40	30.57	3.23	.72	83	.47
	Females	45	29.95	4.46			

*Note:* I= Intrinsic religious orientation; ES= Extrinsic Social; EP= Extrinsic Personal; EM=Extrinsic Morality; D= Depression

The mentioned table shows scores of males and females on the variables of Depression, Intrinsic religious orientation, Extrinsic Social, Extrinsic Personal, and Extrinsic Morality.

**Discussion**

The objective of present study was to investigate the relationship between religious orientation and depression in students. Obtained findings showed that association between intrinsic and extrinsic religious orientation and depression is not significant. Similar findings were reported by Koenig (2001) who found that religious orientation has no association with depression. Findings of current study are in line with past studies which highlight the fact that religious orientation did not help to reduce depression and is not significantly correlated with depression (Ellison, 1994; Knezevic, & Marija, 2010; Strawbridge, Shema, Cohen, Roberts, & Kaplan 1998).

Present study sample did not score high on either religiosity or depression (see Table 2). All the scores are well below mean except scores on intrinsic religiosity. Most of the participants fall within average range for intrinsic religiosity ( $M=52$ ). This indicates that no association can be established between depression and religious motivation when participants are neither intrinsically motivated for religion nor extrinsically motivated for religion.

Several studies indicate that religion is a protective factor against hopelessness which is hallmark of depression and suicidal intent (Stack, 2000). However, since the present study sample consisted of university students' severe hopelessness and suicidal intent is unlikely in this group, hence there is absence of relationship between religious motivation and depression.

Independent sample *t* test indicate that males scored higher on extrinsic social (ES) as compared to females. However, the difference between males and females on other measures of religious motivation and depression is not found to be significant. Generally, males are more likely to be social as they spend more time outside homes as compared to females. Unlike females they go to mosques for worship thus their motivation for being religious is more likely to be socially oriented as compared to females. They meet friends at mosques and prayers sometimes become a social activity which friends do together.

Religious motivation is a new dimension. Previous studies that indicated gender differences in religiosity and strong negative correlation between religiosity and depression have mostly investigated constructs such as religious beliefs, religious coping and religious involvement (Gupta, Avasthi & Kumar, 2011)

A research on individuals already diagnosed with depression or on a sample screened for level of religiosity would be more elucidating in terms of implication of religious motivation in depression. Moreover, other dimensions of religiosity such as religious coping, religious involvement or practices along with religious motivation can be studied on a larger more varied sample



including students, professionals and psychiatric patients. This will help better understand the association between depression and religious motivations

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